



Parent Invitation to SST/RtI Meeting

Date: _____

To the parents of _____

You are invited to attend a Student Support Team (SST) meeting for your child, which has been scheduled at your child's school, _____, as follows:

Date: _____

Time: _____

During the meeting, the SST members will review information about your child and develop a plan to meet your child's individual needs. We need your help to develop the best possible plan for your child.

Several staff members from the school and others from the system's central office may be invited to the meeting as indicated below:

- Your child's classroom teacher
- A special education co-teacher
- RtI/SST Coordinator
- Counselor
- School Nurse
- Psychologist
- Principal
- Assistant Principal
- Social Worker
- Central office administrators and/or directors

If you would like more information about this meeting or if you would like to change the meeting time, please contact the SST/RtI Coordinator at your school or your child's teacher by calling _____.

Sincerely,

SST/RtI Coordinator

 **Please check one and return this form to your child's teacher.**

I will attend this meeting.

I want to attend the meeting, but I need the date/time changed as follows:

 I will not attend the meeting, but I understand that a copy of the Team's recommendations will be sent to me.

Parent/Guardian Signature _____ Date _____